## UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Name:

Attorney Docket No. 241830US0

First Inventor or Application Identifier | Shin YAMAGUCHI, et al.

Title METHOD FOR BLEACHING TEETH AND BLEACHING AGENT FOR TEETH

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Assignee Name:

GC CORPORATION

Assignee Address:

No. 76-1, Hasunuma-cho, Itabashi-ku, Tokyo, Japan

Registration No.:

S. P.

	<del></del>							
See	APPLICATION ELEMENTS MPEP chapter 600 concerning utility patent application contents	Commissioner for Patents  ADDRESS TO: Mail Stop Patent Application Alexandria, Virginia 22313						
1. 🍱	Fee Transmittal Form (e.g. PTO/SB/17) (Submit an original and a duplicate for fee processing)	ACCOMPANYING APPLICATION PARTS						
	(costinical original and a applicate for the processing)	7.  Assignment Papers (cover sheet & document(s))						
2.	Specification Total Sheets 37	8. Application Data Sheet. See 37 CFR 1.76						
		9.   37 C.F.R. §3.73(b) Statement Power of Attorney						
3. 🗆	Drawing(s) (35 U.S.C. 113) Total Sheets	10. 🛘 English Translation Document (if applicable)						
		11.  Information Disclosure  Copies of IDS  Statement (IDS)/PTO-1449  Citations						
4.	Oath or Declaration Total Pages 4	12.  ☐ Preliminary Amendment						
a.	Newly executed (original)	13. White Advance Serial No. Postcard						
b.	Copy from a prior application (37 C.F.R. §1.63(d)) (for continuation/divisional with box 17 completed)	14. Certified Copy of Priority Document(s) (1) (if foreign priority is claimed)						
	<ol> <li>DELETION OF INVENTOR(S)         Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §1.63(d)(2) and 1.33(b).     </li> </ol>	15.  Applicant claims small entity status. See 37 CFR 1.27						
	CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	16. Other: Request for Priority						
6. 🗆	Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)							
a.	☐ Computer Readable Form (CRF)							
b.	Specification or Sequence Listing on :							
	i. CD-ROM or CD-R (2 copies); or							
	ii. □ Paper							
C.	Statements verifying identity of above copies							
17. If a	CONTINUING APPLICATION, check appropriate box, and suppl	y the requisite information below:						
	Continuation   Divisional   Continuation-	in-part (CIP) of prior application no.:						
Prior	Prior application information: Examiner: Group Art Unit:							
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.								
18. Amend the specification by inserting before the first line the sentence:								
☐ This application is a ☐ Continuation ☐ Division ☐ Continuation-in-part (CIP)								
of ap	oplication Serial No. Filed on							
☐ This application claims priority of provisional application Serial No. Filed								
19. CORRESPONDENCE ADDRESS								
22850								
22850 (703) 413-3000 FACSIMILE: (703) 413-2220								
1 //OSHWILL. (100) 410-2220								
Nai		Registration No.: 24,618						
Signati	ure: / /mm/MGv///	Date: 8/21/03						

241830US0

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

INVENTOR(S) Shin YAMAGUCHI, et al.

SERIAL NO: New Application

FILING DATE: Herewith

FOR:

METHOD FOR BLEACHING TEETH AND BLEACHING AGENT FOR TEETH

## FEE TRANSMITTAL

COMMISSIONER FOR PATENTS ALEXANDRIA, VIRGINIA 22313

FOR	NUMB FILE		NUMBER EXTRA	RATE			CALCULATIONS	
TOTAL CLAIMS	18 -	20 =	0	х	\$18	=	\$0.00	
INDEPENDENT CLAIMS	2 -	3 =	0	х	\$84	=	\$0.00	
MULTIPLE DEPENDENT CLAIMS (If applicable)					\$280	=	\$280.00	
☐ LATE FILING OF DECLARATION					\$130	=	\$0.00	
	\$750.00							
TOTAL OF ABOVE CALCULATIONS							\$1,030.00	
☐ REDUCTION BY 50% FOR FILING BY SMALL ENTITY						\$0.00		
☐ FILING IN NON-ENGLISH LANGUAGE				+	\$130	=	\$0.00	
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A duplicate copy of this sheet is enclosed.

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- ☐ Credit card payment form is attached to cover the filing fee in the amount of
- The Director is hereby authorized to charge any additional fees which may be required for the papers being filed herewith and for which no check or credit card payment form is enclosed herewith, or credit any overpayment to Deposit Account No. <u>15-0030</u>. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

OBLON, SPIVAK, McCLELLAND, MAIER & NEUSTADT, P.C.

Date:

8/21/03

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